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1 Mr. Brian J. Sines, Ph.D	UNITED STATES PATENT AND TRADEMARK OFFICE	(703) 872-9306	(571) 272-1263

Date <u>December 3, 2004</u> November 19, 2004	Client/Matter Number 100700-00055
From James J. Dade	Attorney Number 03290
Phone (212) 940-6731	Fax (212) 940-8986

Total number of pages, including cover letter: 4
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Comments

U.S. Patent Application No.: 10/072,627

OXYGEN PROBE

Our Reference No.: RERR 19.436 (100700-00055)

Attached please find the missing document: PCI/ES/ 00/ 00309 we discussed earlier. Please forward a acknowledgement of foreign priority as soon as possible, as the issue fee is coming up for payment.

James J. Dade

Legal Assistant

3rd Request. Please Respond

For Messenger Department Use Only

Your fax has been sent. Attached is your original.

Date _____ Time _____

Signature _____

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Notice of Allowability

Application No.

10/072.627

Applicant(s)

BUENO HARTO ET AL

Examiner

Brian J. Sines

Art Unit

1743

— The MAILING DATE of this communication appears on the cover sheet with the correspondence address—
 All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included
 herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS
NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative
 of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.

1. ☐ This communication is responsive to ____.
2. ☒ The allowed claim(s) is/are 1.
3. ☐ The drawings filed on ____ are accepted by the Examiner.
4. ☒ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 a) ☐ All b) ☐ Some* c) ☒ None of the:
 1. ☒ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. ____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this national stage application from the
 International Bureau (PCT Rule 17.2(a)).
 * Certified copies not received: ____.

Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements
 noted below. Failure to timely comply will result in ABANDONMENT of this application.
THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.

5. ☐ A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF
 INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient.
6. ☒ CORRECTED DRAWINGS (as "replacement sheets") must be submitted.
 (a) ☐ including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached
 1) ☐ hereto or 2) ☐ to Paper No./Mail Date ____.
 (b) ☒ including changes required by the attached Examiner's Amendment / Comment or in the Office action of
 Paper No./Mail Date ____.
- Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of
 each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d).
7. ☐ DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the
 attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.

Attachment(s)

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 5. <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| 2. <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 6. <input type="checkbox"/> Interview Summary (PTO-413).
Paper No./Mail Date ____. |
| 3. <input checked="" type="checkbox"/> Information Disclosure Statements (PTO-1449 or PTO/SB/08).
Paper No./Mail Date ____ | 7. <input checked="" type="checkbox"/> Examiner's Amendment/Comment |
| 4. <input type="checkbox"/> Examiner's Comment Regarding Requirement for Deposit
of Biological Material | 8. <input checked="" type="checkbox"/> Examiner's Statement of Reasons for Allowance |
| | 9. <input type="checkbox"/> Other ____. |

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